



STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE  
165 Capitol Avenue, Hartford, CT 06106  
Licensing: (860) 713-2512

License # IDS -  
☐ NEW \$25.00  
☐ RENEWAL \$25.00  
☐ TRANSFER \$15.00  
☐ LATE PENALTY \$15.00  
License Expiration: June 30, 2005

## RETAIL STORE MILK DEALER'S LICENSE APPLICATION

I/we hereby apply for a license to operate as a milk dealer in the State of Connecticut in accordance with and subject to the provisions of Sections 22-229 and 22-230 of the Connecticut General Statutes. The licensee (owner) is required to notify the Department of Agriculture within 48 hours of any change in store name, store location, sale or change of ownership. The license period shall be from July 1st to June 30th following, inclusive. All licenses shall expire on June 30th of each year. Check or money order, payable to the "Commissioner of Agriculture" for the appropriate fee must accompany the application, or the application will be returned for resubmission.

RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD AND PAYMENT MUST BE RECEIVED ON OR BEFORE JULY 1st TO AVOID A LATE PENALTY.

**NOTE: Licenses for New, Renewal and Transfer applications cannot be processed if: required payment is not submitted with the application; the application is incomplete; and/or the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) is not provided.** Incomplete applications and submitted payments will be returned for completion and resubmission.

Please PRINT or TYPE	FEDERAL Employer Identification Number: _____	Social Security Number: _____
STORE NAME	STORE TELEPHONE NUMBER	
STORE ADDRESS	TOWN/CITY	ZIP CODE
MAILING ADDRESS (if different than store address)	TOWN/CITY	STATE ZIP CODE
Check One Box: <input type="checkbox"/> SOLE PROPRIETOR/ INDIVIDUAL OWNER	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> L.L.C. <input type="checkbox"/> CORPORATION
NAME OF LICENSEE (Name of Individual Owner; or Name of Partnership; or Name of L.L.C. or Name of Corporation)		

NAMES and ADDRESSES of PARTNERS or L.L.C. MEMBERS

E-MAIL ADDRESS

CORPORATION ADDRESS	NAME AND TITLE OF CORPORATION OFFICERS		
CORPORATION TELEPHONE NUMBER	CONTACT PERSON AT CORPORATION		
NAME(S) OF DEALER(S) FROM WHOM YOU PURCHASE, (or intend to purchase), MILK AND MILK PRODUCTS AND/OR CREAM:			
The undersigned applicant states that all of the information herein is true to the best of his/her knowledge and agrees that in the event a license is granted, said applicant shall comply with all laws, orders, rulings, regulations and directives issued by the Commissioner of Agriculture.			
(Print Name of Applicant)	(Signature of Applicant)	(Title)	(Date)

AREA BELOW FOR OFFICE USE ONLY:

Fee: Amount Received	Check or Money Order Number	Date Payment Processed	Transmittal Number	LICENSE EXPIRATION JUNE 30, 2005
				DS-1 Rev. 5/04